09/839259

oplication or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

WEST M-000 y

CLAIMS AS FILED - PART (Column 1)						(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN		
TOTAL CLAIMS			36					RATE	FEE	]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OЯ	BASIC FEE	· 710.00	
TOTAL CHARGEABLE CLAIMS			সূত্র minus 20=		• 14			X\$ 9=	r4c!	OR	X\$18=		
	EPENDENT CI		3 minus 3 =					X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESE								+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter					"0" in c	column 2	1	TOTAL	499	OR	TOTAL		
Column 1) (Column 2) (Column 3)								SMALL ENTITY O			OTHER THAN OR SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL REE		RATE	ADDI- TIONAL FEE	
NON	Total	. 36	Minus	-3	6	=D		X\$ 9=	1	OR	X\$18=	,	
AME	Independent	NTATION OF MI	Minus	PENDEN	CLAIM			X40=		OR	X80=	•	
		Non-Co	mpl	w	·		' [	+135=		OR	+270=		
	holoz			•				TOTAL ADDIT. FEE	8	OR	TOTAL ADDIT. FEE		
Oi,	10/01	(Column 1) CLAIMS		(Colur		(Column 3)							
AMENDMENT B		REMAINING AFTER AMENDMENT		- NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE	
	Total	.36	Minus	.3	6	<b>-</b>		X\$ 9=	\	OR	X\$18=		
	Independent	NTATION OF MU	Minus	ENDENT	SLAIM	= 0		X40=	-	OR	X80=		
	TINOT PRESE	NIATION OF MIC	CHPEC DEP	ENDERT	CEANVI		<b>'</b> [	+135=		OR	+270≃		
								TOTAL DDIT. FEE	6	OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colum		(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER CAMENDMENT		HIGH NUMI PREVIO PAID	BER BUSLY	PRESENT EXTRA		RATE.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	••		2		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=	]	X40=			X80=		
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM		1			OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT. FEE			
		nber Previously Pai					er tou	nd in the app	ropriate box	in col	umn 1.		